


Tracking# 54164476					
 F.E.D. - COMPLETED APPREHENSION				Crime/Condition	Command 018-MIDTOWN PRECINCT NORTH Date of This Report 11/21/2019
Date of UF61 10/25/2019	Complaint No. 2019-018- 08424	Date Case Assigned 10/25/2019	Case No. 2019 - 3664	Unit Reporting MANHATTAN WARRANTS	Follow-Up No. 6
Topic/Subject (F.E.D. - COMPLETED APPREHENSION) COMPLETED APPREHENSION @ [REDACTED]					Activity Date 11/21/2019 Activity Time 08:25
I-Card Number I2019046712 - THOMPSON KYLASIA					
Details					
Summary of Investigation: 1. On November 21, 2019, at approximately 0825HRS I/O DID VISIT THE ABOVE ADDRESS IN REGARDS TO THIS INVESTIGATION. I/O WAS MET AT THE DOOR BY A FEMALE WHO ID'ED HERSELF AS MRS. FRANKLIN [REDACTED] WHO WAS THE OWNER OF THE APARTMENT. MRS. FRANKLIN IDENTIFIED THE SUBJECT WAS HER SON'S GIRLFRIEND AND STATED THAT SHE WAS INSIDE OF THE APARTMENT. I/O WAS GRANTED ENTRY AND DID APPREHEND THE SUBJECT WITHOUT INCIDENT OR INJURY. THE SUBJECT WAS THEN TRANSPORTED TO THE 018 PCT PDU. CUSTODY OF THE SUBJECT WAS THEN TRANSFERRED TO 018 PCT PDU PERSONAL TO PROCESS THE ARREST. SGT ALBERTELLI WAS NOTIFIED OF THE ARREST. SK					
If Business, Business Name	Person's Last Name, First M.I. THOMPSON, KYLASIA		Person/Business Role WANTED	Housing Res.	Probation Parole
Nickname/Alias/Middle Name					
Address				Apt No.	Res. Pct. NYSID No.
Position/Relationship	Sex	Race	Date of Birth	Age	Height Weight
Age From 0	Age To 0	Injured/Deceased	Type of Injury		Removed to Hospital Hospital Name
Home Telephone	Business Telephone	Cell Phone	Beeper #	E-Mail Address	U.S. Citizen State/Country of Birth
Description					
Accent	Weapon	Describe Weapon (If firearm, give color, make, caliber, type, model, etc.)			Discharged
Gang Affiliation		Gang Name		Gang Identifier	
Mask NO	Mask Description		Gloves NO	Gloves Description	
Clothing Description					
Scars, Marks					
Impersonation of			If other		
Statements/Criminal History					
Activity Address Location NYC		Street [REDACTED]	City QUEENS	State NY	Zip Apt # [REDACTED]
Cross Street 115 AVENUE and LINDEN BOULEVARD			Intersection of		Premise Type
Activity Specific Details					
Reporting Officer: DT3		Name SEAN KWALWASSER		Tax Reg. No. 944100	Command 580-WARRANT SECTION

B L

Reviewing Supervisor:	Manner of Closing -	Date Reviewed: 11/22/2019	Date of Next Review	Name JOHN ALBERTELLI	Supv. Tax No. 910972
----------------------------------	-----------------------------------	---	--------------------------------	-----------------------------------	--------------------------------